REPORT EVALUATION FORM

1. SPONSOR'S OFFICE:

2. INFORMATION REQUEST DATE:

3. TARGET SITE IDENTIFICATION:

4. PROJECT NUMBER:

5. SOURCE NUMBER:

6. REPORT NUMBER AND DATE:

7. VALUE OF INFORMATION (select one):

   / / a. Major Significant Value (Narrative comment required; cite specific information in the report which was of value.)

   / / b. Valuable (Narrative comment required; cite specific information in the report which was valuable and why it was of value.)

   / / c. No Value (see Item 8, below)

8. REASON INFORMATION IS OF NO VALUE (select one only):

   / / a. Too Fragmentary

   / / b. Duplicative

   / / c. Untimely

   / / d. Not Responsive to Tasking Cited

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9. DEGREE OF REQUIREMENT SATISFACTION (select one only):

   / / a. Completely Satisfied

   / / b. Partially Satisfied

   / / c. Not Satisfied At All

10. COLLECTION GUIDANCE (mandatory unless Item 9a, above, is checked; detail specific information you require to satisfy your requirement):

11. REMARKS (optional)

12. EVALUATOR'S NAME:

13. EVALUATOR'S OFFICE SYMBOL:

14. DATE EVALUATED:

15. ORIGINATOR OF REQUEST FOR INFORMATION:

16. (Signature of evaluator) _____ .

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